CHAK TIMES
"FOR THE HEALING OF THE NATION"
A PUBLICATION OF THE CHRISTIAN HEALTH ASSOCIATION OF KENYA

Working towards global HIV&AIDS targets

CHAK's contribution

In this issue....

ISSUE NO 57 JANUARY - APRIL 2019

CHAK TIMES
"For the healing of the nation"
A publication of the Christian Health Association of Kenya

EDITORIAL COMMITTEE MEMBERS
DR. SAMUEL MWENDA - CHAIR
STANLEY GITARI IMUNYA
ELLA OKOTI
ANGELA OMONDI
ANNE MBUGUA - SECRETARY
MAURICE IKOTI
JOSEPH LEO

EDITOR, DESIGN AND LAYOUT
ANNE MBUGUA

PUBLISHED BY:

Christian Health Association of Kenya
Musa Gitau Road, Off Waiyaki Way, Lavington, Nairobi, Kenya
P.O. Box 30690 - 00100 GPO, Nairobi, KENYA;
Tel: (+254) (20) 4441920, 444
Mobile (+254) 733 334 419
www.chak.or.ke
secretariat@chak.or.ke

Images and illustrations are CHAK's own unless otherwise stated.

Great strides made but still a long way to go

Kenya has made giant strides in the fight against HIV&AIDS, with great achievements in all critical indicators.

According to the 2018 Kenya AIDS Response Progress Report (KAPR), ART coverage has been scaled-up to 75 per cent (1,121,948) while AIDS-related deaths have declined significantly to below 30,000. The Prevention of Mother To Child Transmission (PMTCT) coverage stands at 77 per cent, according to the report. Indeed mother to child transmission of HIV has seen a significant drop from 14 per cent to 11 per cent.

Also among the key achievements highlighted in the report is reduction of new infections among adults by approximately 50 per cent. New HIV infections have reduced across all age groups, except for children below 14 years.

The report also gives an overview of HIV&AIDS among key populations where significant progress has been made. The HIV prevalence among sex workers stands at 29.3 per cent and 18.2 among MSM. For people who inject drugs, the prevalence is at 18.3 per cent.

The 90-90-90 UNAIDS target.

Coverage of HIV&AIDS services is at 76 per cent for sex workers, 65 per cent for MSM and 68 per cent for people who inject drugs.

Concern has however been expressed over the high rate of infections among the youth. According to the report, young people (15-24 years) contributed 40 per cent of adult new infections in 2017.

There are about 300,000 young people aged below 24 years living with HIV/Aids in Kenya, according to National AIDS Control Council (NACC) figures. About 184,000 are those aged between 10-24 years and another

CHAK staff and partners during the launch of the CHAP Uzima project

100,000 are children below 14 years. There are 48 new infections every day among young people aged between 10-24 years.

The FBO sector in general and CHAK network in particular have made a significant contribution to the fight against HIV&AIDS in Kenya. CHAK has had a long history of providing HIV&AIDS services through its member network.

CHAK is currently implementing two projects to address the burden of HIV&AIDS – CHAP Uzima and APHIA Jijini.

The CHAP Uzima project is mandated to oversee HIV care and treatment, and orphans and vulnerable children (OVC) services in 79 faith-based and affiliated health facilities spread over 19 counties in Nairobi, Central, Eastern, Coast and Rift Valley regions. The total number of patients on ART by the end of December 2017 was 47,373.

Afya Jijini is designed to strengthen Nairobi City County's institutional and management capacity to deliver quality healthcare services. Specifically, the project aims to improve access to and uptake of quality health services in Nairobi County for the most pressing health issues, i.e. HIV/AIDS and maternal and neonatal health, with a focus on informal settlements.

CHAK also recently implemented a HIV and human rights project aimed at tackling AIDS-related stigma and discrimination. The six-year project made great strides in sensitizing communities and community opinion leaders, people living with HIV&AIDS as well as health care workers on the rights based approach to provision of HIV&AIDS services.

It also put in place mechanisms to ensure respect for the human rights of people living with HIV in the 25 CHAK health facilities in which it was implemented. In order not lose the gains made through this project, the rights based approach to the provision of HIV&AIDS services has been integrated into the existing programmes.

Timely identification, prompt treat adherence and retention in care remains the key to the fast track plan to end AIDS in Kenya and in line with the 90 90 90 cascade global targets.

This issue of CHAK Times focuses on CHAK's contribution in the fight against HIV&AIDS through the projects being implemented in member health units. It is our hope that you will enjoy reading the newsletter. Kindly do not hesitate to get in touch with us in case of any feedback.

Readers' feedback

We invite our readers to send feedback on our social media platforms or by writing to the editor: communications@chak.or.ke.

@chak_kenya

CHAK
Christian Health Association of Kenya

Contents

Cover photo: Procession in Kilifi County in support of the rights of people living with HIV&AIDS organised by CHAK and Oasis Medical Centre.

Photo: CHAK

Storms

Mark 4:37: "And there arose a great storm of wind, and the waves beat into the ship, so that it was now full."

As long as life continues to exist, we shall encounter storms. But of importance is how we respond to the storms, and more so those of us of the household of faith

Storms come in different shades and forms. They could be in the form of financial crisis, relationships, and other areas.

Whatever your storm is, take note that storms do not last forever; they are seasonal. There comes a time that GOD himself speaks three words to your storm: "peace be still".

Here are seven things we should do when facing the storms of our lives:

1. When trouble is headed your way, do what Jesus did - seek to be at peace.

We should follow His direction: "But He was in the stern, asleep on a pillow. And they awoke Him and said to Him, "Teacher, do You not care that we are perishing?"

Note that the disciples had earlier done exactly as Jesus had told them. They shoved off from the shore to cross over to the other side but the storm came about so quickly that they were swamped.

I must admit this sounds familiar. We have lived this experience. We were going about our business doing what we knew to be the will of God. In the one moment things were fine; the next moment we found ourselves surrounded by a storm and taking on water.

How do we handle the storms or adversities that come upon us suddenly? Matthew 6:34 in the Message Bible offers some great advice: "Give your entire attention to what God is doing right now, and don't get worked up about what may or may not happen tomorrow. God will help you deal with whatever hard things come up when the time comes."

2. Remember: Mark 4:35 says: "And the same day, when evening came, He said unto them, let us pass over unto the other side."

The Son of God knew what was going to happen to that boat before it ever happened.

Acts 2:23 in the New Living Translation says: "Him, being delivered by the indeterminate counsel and foreknowledge of God, ye have taken, and by wicked hands have crucified and slain."

If Jesus knew He was going to be betrayed and crucified, He most certainly knew about a storm on the Sea of Galilee. And even if He didn't, He knew His Father had an answer to the problem, the same way we know God always has an answer for us.

3. God is not moved by the adversities we face, and neither should we be.

If you're doing what God has called you to do, the enemy will not sit idly by. He wants to do whatever he can to render you ineffective for and to the Kingdom of God.

The disciples were with Jesus 24/7 yet fear made them forget who they were traveling with. Even the disciples had to learn to trust Jesus by the doubt-creating circumstances they faced.

Even in the midst of your personal storms, God has a firm grip on you. In the midst of the storms of life, call on Him and quote the Word. When trouble comes call on the Holy Ghost for help.

Psalm 86:7 says: "In the day of my trouble I will call upon thee: for thou wilt answer me."

4. When you rely on the Word, all your fears will leave.

The best reason not to be afraid is because the Word of God tells you not to. If you're already counting on some of the Word, why not count on all of the Word?

Isaiah 41 says: "Don't be afraid. I am with you. Don't tremble with fear. I am your God. I will make you strong, as I protect you with my arm and give you victories."

Psalms 118:6 says: "The LORD is on my side; I will not fear:" what can man do to me?"

5. When facing the storms of life, tell your circumstances and those in your boat to be still.

Tell your storms to God alone. Telling them to your friends and or relatives more often than not leads to disappointments and or discouragement. Never let the second voice distract you from what you know to be spiritual truth and your ability to allow God's power to work through you.

In all the operations of God, there is such a thing as God's fullness of time. When God's fullness of time shall come to pass all your storms shall obey God's command Peace be still. Please note that Jesus did not pray about the storm He was facing. Jesus spoke to the storm and commanded it to stop causing trouble.

Africa Christian Health Associations in biennial conference and learning visits

Christian Health Associations from all over Africa met in Yaounde, Cameroon, from February 25 to March 1 for the 9th ACHAP Biennial Conference.

The conference with the theme "Re-Igniting Primary Health Care: The Role of ACHAP"was hosted by Cameroon Baptist Convention Health Services, an ACHAP member. The conference was attended by participants from over 39 African countries and development partners.

Presentations focused on the re-igniting PHC in all aspects of health care including maternal child health, health crisis, human resources for health, Wash, data and information management, mental health, rare tropical diseases, non-communicable diseases, mental health and health care financing.

CHAK presentations focused on engagement with county and national governments in HIV service delivery and Wash. General Secretary Dr Samuel Mwenda shared on CHAK's experience in the transition of PEPFAR funds to a local partner. The other two presentations were done by Dr. Douglas Gaitho and Dr Cyprian Kamau, respectively.

Additionally, participants also discussed the role of faith based organisations in primary health care as a path towards universal health coverage

Representatives from PEPFAR spoke on its transition to indigenous primes and new opportunities for FBOs. The ACHAP Biennial Conference is held every two years to reflect on regional and global health issues and priorities.

Bench marking visits

CHAK has participated in two exchange visits with other Christian Health Associations from Africa. The exchange visits were organized by the Africa Christian Health Associations' Platform as part of its mentorship programme and supported by UNAIDS/PEPFAR.

CHAK management team and human resources advisor with ACHAP Coordinator Nkatha Njeru and the CHAN leadership team during their learning visit to CHAK.

Kenya Faith Based Health Services Consortium peer learning visit to Uganda.

CHAK General Secretary Dr Samuel Mwenda led a team from the Kenya Faith Based Health Services Consortium and ACHAP for a peer learning visit to Uganda.

The team held meetings with UPMB, UCMB, JMS and field visits to JMS Warehouses in Kampala and Mbarara, and two rural-based hospitals affiliated to UPMB and UCMB.

The team sought to to learn from the relationship between the Secretariats and members, government partnership and community based health financing initiatives as well as country experiences with UHC. Lessons were also learned on income generating initiatives by UPMB, JMS and Kisiizi Hospital which have registered business companies.

Kisiizi Hospital income generating activities include hydroelectric power generation and distribution, a tourism centre at Kisiizi Falls, guest house, Friends of Kisiizi in UK and a successful community based health insurance scheme with over 41,900 members. The Hospital also has a good custom made HMIS software known as Stre@mline.

CHAN visit to CHAK

CHAK was privileged to host the Christian Health Association of Nigeria leadership team from March 25-30, 2019.

The CHAN team had various engagements with the CHAK management team, projects, Institution and Organization Development Department, ICT and M&E units. They also visited MEDS and PCEA Kikuyu Hospital.

The CHAN team expressed their appreciation to CHAK for the learning experience and was hopeful that the two organisations would take the collaboration further by signing a partnership MoU.

CHAK network's contribution to the fight against HIV&AIDS in Kenya

The CHAK HIV and AIDS programme is currently composed of the two main donor supported projects, CHAK HIV AIDS Project - Uzima (CHAP Uzima) supported by CDC and the AFYA Jijini Project supported by USAID.

CHAP Uzima, is a five-and-a-half-year project that begun on April 1, 2017. The purpose of the project is to contribute to the national effort to halt and reverse HIV incidence and HIV-related morbidity and mortality by providing technical support to a network of targeted, high volume Faith-Based and Affiliated Health Facilities (FBAHFs).

The project supports HIV care and treatment interventions in 79 health facilities distributed across 19 counties in Kenya. In addition, the project supports four OVC local implementing partners in four counties (Nairobi, Machakos, Kajiado and Narok). The project's coverage is demonstrated in the map on the right.

Afya Jijini, on the other hand, is a three-year USAID-funded contract (with two additional years) designed to strengthen Nairobi City County's institutional and management capacity to deliver quality healthcare services.

The project aims to improve access to and uptake of quality health services in Nairobi County for the most pressing health issues, i.e. HIV/AIDS, Tuberculosis, Wash, nutrition and maternal and neonatal health, with a focus on informal settlements.

Nairobi has the highest burden of HIV/AIDS in Kenya, mainly due to the county's large population.

Jointly, in 2018, the two projects tested and counselled a total of 679,644 people of whom 12,301 tested positive for HIV, a prevalence rate of 1.8 per cent. In the same period, the two projects supported a total of 84,157 clients on ART, out of who 3,972 were new on ART.

In PMTCT the two projects screened a total of 76,831 pregnant women, of who 1,185 (prevalence rate of 1.8 per cent) were positive for HIV. Of these, 244 were newly diagnosed clients while the others were known positives.

The CHAP Uzima PMTCT programme followed a total of 3,013 HIV Exposed Infants (HEI) out of who 76 were confirmed HIV positive and started on treatment or an MTCT of rate of 2.52 per cent, well below the national eMTCT average.

84,157

Number of clients on ART in the CHAK HIV&AIDS programme in 2018

Through CHAP-Uzima CHAK supported a total of 5434 Orphans and Vulnerable Children (2734 m: f 2699), mainly in the county of Narok.

HIV and AIDS service delivery activities are also undertaken in all CHAK MHUs. All the 56 CHAK health centers and 25 hospitals offer HIV and AIDS services and some, like Maua Methodist Hospital, Kendu Adventist and PCEA Chogoria have the largest HIV comprehensive care Centers in their counties.

Love invitation letters yielding fruits for HIV testing towards first UNAIDS 95 goal

With UNAIDS's 95-95-95 goal, high yield approaches to HIV testing and counseling (HTC) are critical.

Assisted Partner Notification Services (aPNS) is an evidence-based public health intervention that can help to break the chain of infection.

Also referred to as partner tracing, aPNS is where sexual partners of HIV-diagnosed clients are contacted by their partner or a health provider to seek HIV testing. This strategy is effective in identifying persons with undiagnosed HIV infection, many of who have no symptoms and are unaware of HIV exposure or infection.

This is because it may take several weeks or months and sometimes years for signs of infection to become apparent. During this time, infected partners may unknowingly continue to spread the infection to others.

While aPNS focuses on delivering HIV Testing Services (HTS) to sexual partners, drug injecting partners, and children of newly identified positive clients who have been exposed to HIV, expanded PNS(ePNS) targets different subgroups of a population currently living with HIV (known HIV positive clients).

These include vulnerable populations exposed to HIV risk such as pregnant women, sex workers and their clients, PMTCT, STI clients and their partners, TB infected patients, men, adolescents and young people.

Pitfalls of PNS testing in health care facilities include fears over loss of privacy and confidentiality, as well as potential stigma and discrimination especially in young people, men, and marginalized high-risk groups.

In the lower eastern part of Kenya, faith based health facilities supported by the CHAK-CHAP Uzima program have reported significant increase in positivity yield in newly identified positive clients.

This has been through implementation of partner tracing reaching out to Persons Living with HIV (PLHIV) to expand access to HIV testing services, care and treatment in the region.

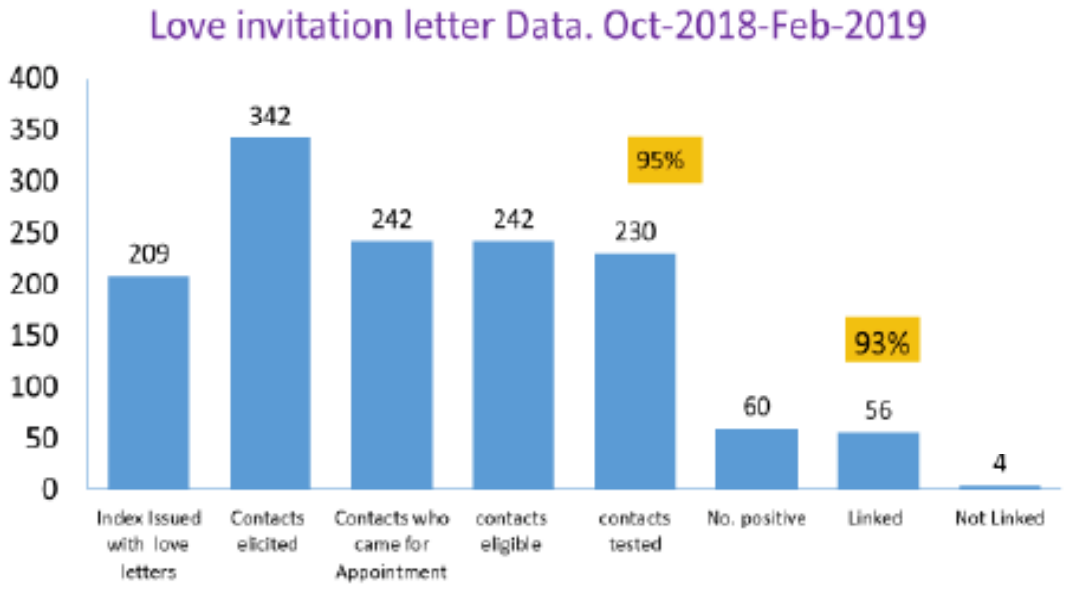
These services are offered in accordance with WHO's 5 Cs (Consent, Confidentiality, Counseling, Correct test results and Connection to care and treatment).

Love invitation letters

Use of love invitation letters was introduced in September 2018 as a strategy to scale up ePNS uptake and yield in the region. The HTS providers were sensitized on the content and use of the letters through facility based PNS trainings between September and October 2018.

Each facility would then draft a copy of a letter in both national and vernacular languages which was reviewed and approved for use.

This has also been a successful



strategy improving rates of couples counseling and testing, particularly when an index patient does not want to reveal his or her serostatus

Trained HTS staff provide these letters to identified index partners asking them to come in with the named sexual partner to discuss "matters…of high importance to both of them."

To maintain confidentiality, these letters do not mention HIV at all, but serve to encourage the partners to come into the clinic where discussions about testing can take place.

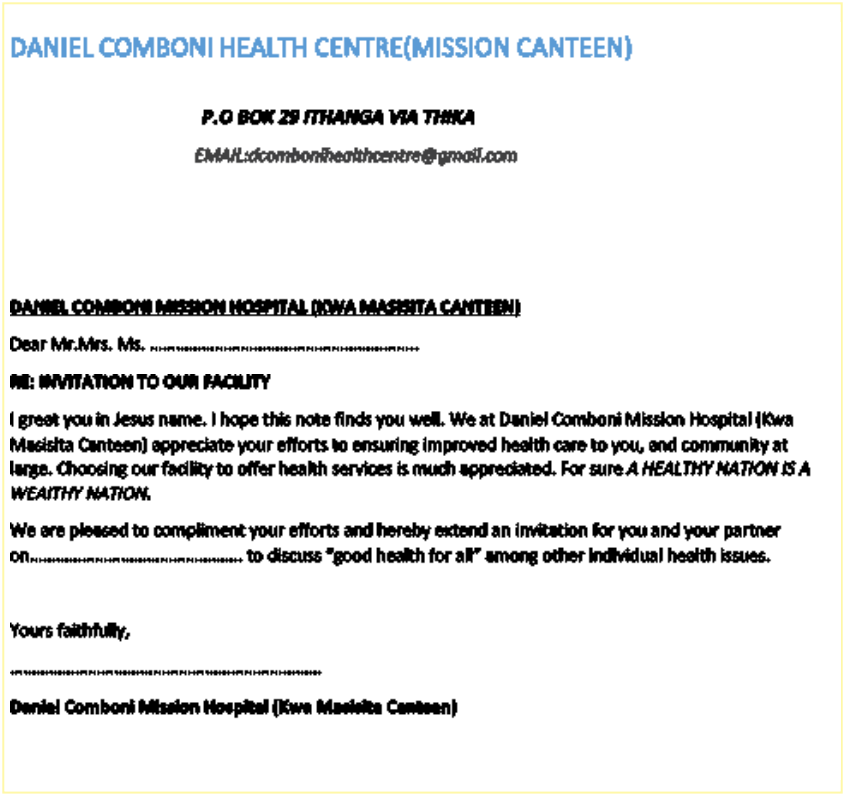
Prior to introduction of the love letters, the PNS intervention faced the following challenges:

- Low uptake of PNS
- Delayed opportunities in testing eligible clients
- Low yield in identification of positive clients

Since introduction of the love letters, these indicators have taken a turn for the better, increasing uptake and coverage from 50 per cent to 95 per cent across all facilities, and closing the gap for provision of quality care to undiagnosed clients.

This strategy is currently being implemented in 29 facilities in Makueni, Machakos, Kitui, Taita Taveta and Kilifi counties.

The targets are newly HIV-diagnosed men and women tested through Provider Initiated Tested and Counselling (PITC) or Voluntary Counseling and Testing (VCT), sexually active adolescence and youth (15-24 yrs) participating in support groups and OTZ club, HIV positive women of reproductive age enrolled at PMTCT clinic (19-46yrs), discordant couples, HIV positive patients at TB clinic, clients presenting with sexually transmitted infection, enrolled clients at comprehensive care clinic presenting with high viral



DANIEL COMBONI HEALTH CENTRE(MISSION CANTEEN)

P.O BOX 29 ITHANGA VIA THIKA

EMAIL:dcombonihealthcentre@gmail.com

DANIEL COMBONI MISSION HOSPITAL (KWA MASISITA CANTEEN)

Dear Mr.Mrs. Ms. .....

RE: INVITATION TO OUR FACILITY

I great you in Jesus name. I hope this note finds you well. We at Daniel Comboni Mission Hospital (Kwa Masisita Canteen) appreciate your efforts to ensuring improved health care to you, and community at large. Choosing our facility to offer health services is much appreciated. For sure *A HEALTHY NATION IS A WEAITHY NATION.*

We are pleased to compliment your efforts and hereby extend an invitation for you and your partner on..... to discuss "good health for all" among other individual health issues.

Yours faithfully,

.....

Daniel Comboni Mission Hospital (Kwa Masisita Canteen)

Samples of love invitation in national languages, English and Swahili.

POOR SERVANTS OF THE MOTHER OF GOD

P.O BOX 186 – 90202 NDOA.

MUTITO CATHOLIC HEALTH CENTRE

EMAIL:mutitocatholicdisp@gmail.com

Tarehe:_____

Kwa: _____

Nambari ya simu_____

KUHUSU: MUALIKO WA HOSPITALINI

Napenda kuchukua nafasi hii kukualika kwa kituo chetu cha afya kati ya mda wa saa mbili asubuhi na saa kumi jioni ikiwezekana ukiambatana na mpenzi wako.

Lengo la mwaliko huu ni kuweza kujadili maswala ya afya yanayohusu familia yako.Uwepo wako utakua wa muhimu sana.

Shukrani unapojitayarisha kufika.

Wako katika huduma

TAFADHALI CHUKUA BARUA HII UNAPOKUJA KWA MUALIKO HUU

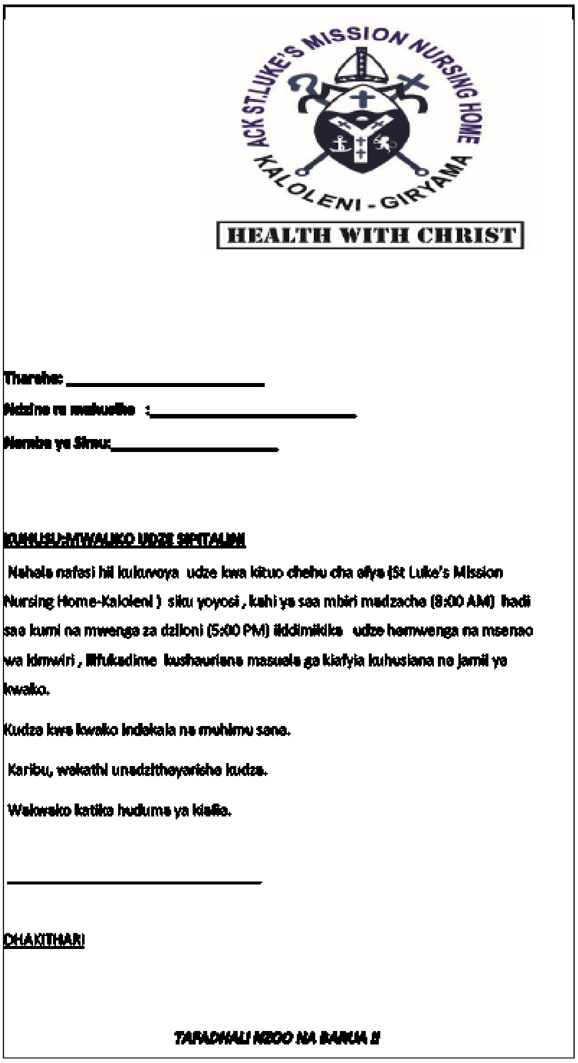
load (>1000copies) and those with new sexual partners.

These target groups are enrolled as index clients, and offered the choice of referring or bringing in their partner(s) for HTC.

Partners presenting to the facility or community are offered HTC and referred into HIV care and treatment if found HIV positive or prevention services (e.g. voluntary medical male circumcision or pre-exposure prophylaxis), if negative.

Partner notification may be contraindicated in those who report or fear intimate partner violence, other social harms after disclosure or being mentally unstable.

Implementation of the love invitation letter strategy has demonstrated feasibility, acceptability and effectiveness of scaling up expanded partner notification in the Lower Eastern region. Given the need for high yield in identifying previously undiagnosed HIV infected individuals in the context of reaching the first 95 goal, this strategy presents strong evidence for integration into facility-based HTC services in areas with similar settings as those of Lower Eastern.



Tharehe: ____________________

Nambe ya Simu:____________________

Nahala nafasi hii kukuvoya udze kwa kituo chehu cha afya (St Luke's Mission Nursing Home-Kaloleni) siku yoyosi , kahi ya saa mbiri madzacha (8:00 AM) hadi saa kumi na mwenga za dziloni (5:00 PM) ... udze hamwenga na msenao wa ... , ... kushauriana masuala ga kiafyia kuhusiana na jamii ya kwako.

Kudza kwa kwako ... na muhimu sana.

Karibu, wakathi unadzitheyarisha kudza.

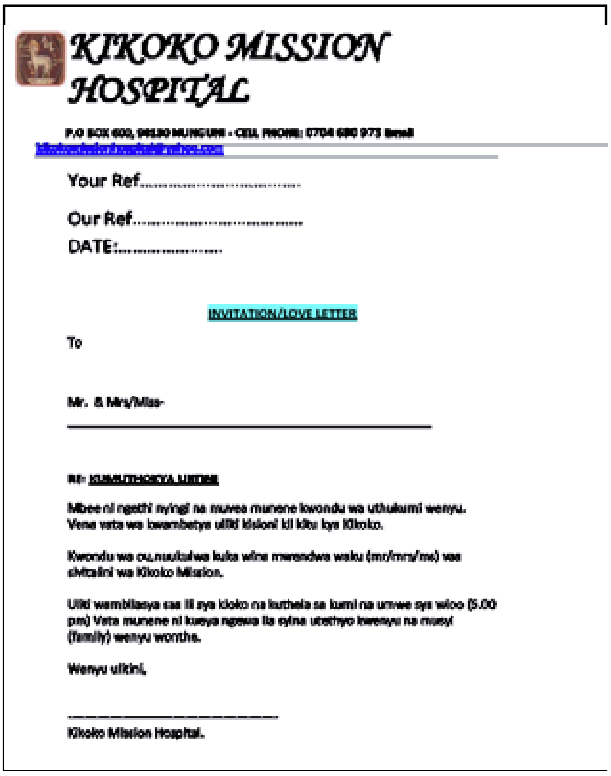
Wakwako katika huduma ya kiafia.

____

DHAKITHARI

TAFADHALI ... NA BARUA !!

Samples of love invitation in local languages.



KIKOKO MISSION HOSPITAL

Your Ref..............................

Our Ref..............................

DATE:....................

INVITATION/LOVE LETTER

To

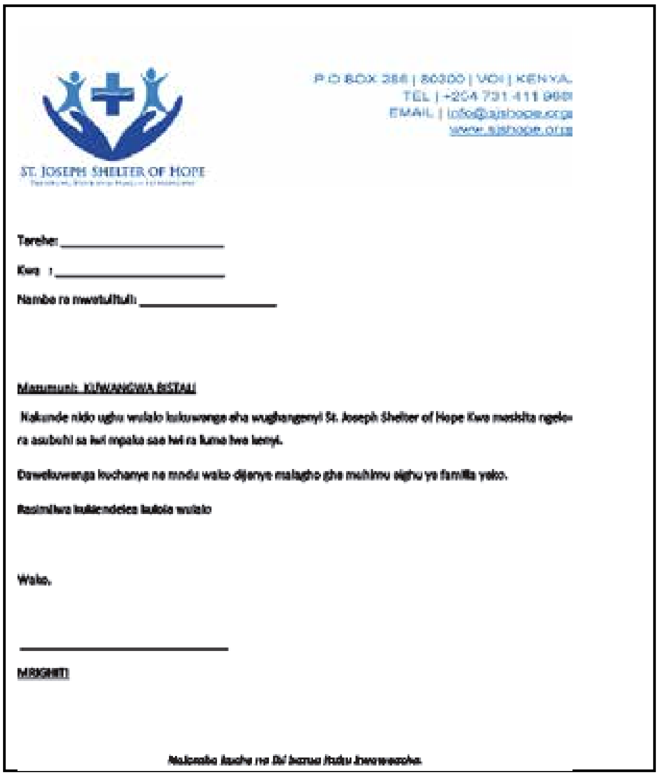
Mr. & Mrs/Miss-

____

Wenyu ulkini,

____

Kikoko Mission Hospital.



P.O BOX 388 | 80300 | VOI | KENYA.

Tarehe: ____________________

Kwa : ____________________

____

Wako,

____

HIV&AIDS counselling guide for religious leaders launched

The Africa Christian Health Associations Platform has launched a HIV counselling guide for religious leaders.

The guide developed in collaboration with several partners aims at helping religious leaders to provide much needed support to congregants as they try to cope with issues related to HIV or AIDS. The

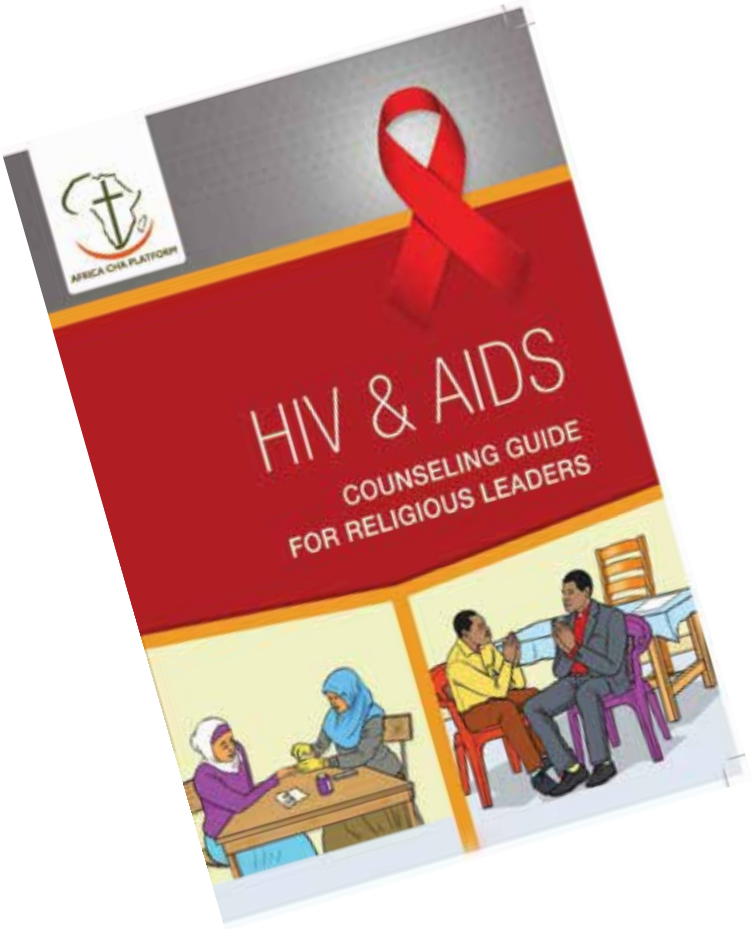
The guide was launched during a colourful ceremony in Nairobi attended by religious leaders from the Muslim, Hindu and Christian faiths.

The religious leaders noted that the guide would equip and empower them to support people living with HIV&AIDS. Speakers at the forum pointed that psycho-social support for people living with HIV&AIDS was an important component of treatment and encouraged the religious leaders present to recommend the guide to their colleagues.

They also noted with concern cases where some patients were tricked into believing that they had been healed after prayers, affecting adherence to medication. Adding that the guide would held curb such incidences, the faith leaders pointed out that the right information was essential in the fight against HIV&AIDS.

The guide has the following characteristics:

- Considerate of the full spectrum of client needs – the physical, psychological and socio-economic – with the goal of enabling him or her to attain optimal physical, mental and social health and functioning
- Appreciative of the role of ongoing support, including information, to help avoid transmission to others
- Cognisant of the place of science in HIV/AIDS but continues to support people using religious tools that they already ascribe to
- Respecting individual religious convictions and beliefs of people seeking counselling and therefore in no way seeks to proselytize.



Participants at the launch also noted that the faith community had since the advent of the condition been deeply involved in caring for people living with HIV, providing treatment services, training and expertise.

Hailing the combined efforts by the various faiths in developing the counselling guide, speakers noted the need for partnerships in the fight against HIV&AIDS, saying they would enable the various players and stakeholders to go beyond their individual limits.

The religious leaders were asked to lend their full support in the fight against HIV in four critical areas:

a) Eradicating stigma and discrimination
b) Ensuring access to services
c) Defending the rights of people living with HIV&AIDS
d) Ensuring treatment access for children

The tool was developed following the realisation that religious leaders, although strategically positioned for HIV and AIDS counselling, do

not necessarily have adequate skills to fully meet the needs and expectations of congregants who seek such services.

Building on a theological basis for HIV counselling taken from both the Bible and Quran, the guide also outlines the skills needed for such an engagement to be successful.

Why religious leaders?

Religious leaders enjoy a high level of trust by the community. They are close to the people, especially in times of crisis, when they are often looked up to, for support and direction.

People seeking the religious leaders' support during such times have a high level of receptivity, leading to an environment that is conducive for information sharing and emotional support.

Religious leaders are also involved in religious, cultural and public events where their leadership and counsel is recognized and highly valued. They also give hope to people living with HIV&AIDS through counselling.

The guide notes that counselling in the context of HIV and AIDS care is a combination of information exchange, skill acquisition and emotional support as the counsellor interacts with the person infected with

The guide builds on a theological basis for HIV&AIDS counselling taken from both the Bible and Quran

HIV (the client) and others significant to the client – who may include family members, friends, health practitioners, employers and people who give spiritual support.

The guide was developed by ACHAP in partnership with the National AIDS Control Council (NACC), Inerela, CHAK, SUPKEM, The SDA Church, National Council of Churches of Kenya (NCCK), IMA WorldHealth, St Paul's University, Organisation of African Instituted Churches and Evangelical Alliance of Kenya.

Following the launch, trainingswill be done for religious leaders to help them use the guide effectively. The tool is available on the ACHAP website (africachap.org).

The guide notes that religious leaders are presented with many opportunities to provide HIV counseling, directly or indirectly. These opportunities include:

- Sermons
- Post-sermon counseling
- Pre/post-marital counseling sessions
- Domestic dispute resolution counseling sessions, reconciliation proceedings
- Crisis moments such as death, divorce, sickness, accidents, fires, political violence and terminal disease
- Personal and family celebrations: graduations, childbirth, dowry negotiations, weddings
- Annual events in the church calendar: conferences, conventions, regular youth/women's/men's groups or activities
- Opportunities that exist outside religious facilities: community activities such as World AIDS Day, Day of the African Child, campaign rallies, and chaplaincy in schools, universities, hospitals, prisons

Summary of HIV&AIDS numbers in Kenya.

Source: Kenya AIDS Response Progress Report 2018

	Children (0-14 years)	15+ years	15+ years	
NUMBER OF PEOPLE LIVING WITH HIV	105,200 7% prevalence	864,600	523,600	1,493,400
NUMBER OF NEW HIV INFECTIONS	8,000	27,200	17,600	52,800
TREATMENT COVERAGE	86,300 84% coverage	713,500 83% coverage	322,100 62% coverage	1,121,948 75% coverage
AIDS RELATED DEATHS	4,300 15%	10,100	13,800	28,200

Maua Methodist Hospital innovating to improve the lives of people living with HIV

HIV/AIDS prevalence in Meru County stands at 2.9 per cent. Poverty levels in the traditionally agricultural county are high due to poor harvests resulting from inadequate rainfall.

An increasing number of HIV/AIDS patients fail to honour their Comprehensive Care Clinic (CCC) appointments due to lack of money for transport to the health facility, affecting treatment outcomes.

Many of the patients struggle to meet their own and their families' nutritional needs. 'Miraa' has traditionally been the county's cash crop. However, the current uncertain market for the herb has seen many families struggling to meet their basic needs.

Maua Methodist Hospital Comprehensive Care Clinic

The Maua Methodist Hospital Comprehensive Care Clinic (CCC) was started in 1989 when the first case was diagnosed at the facility. In 2000, the facility started ART.

Currently, CHAK HIV project, CHAP-Uzima, supports HIV care and treatment in the CCC. Other partners are the Ziegler Fund and the Diana Fund.

Maua Methodist Hospital HIV services target all people living with HIV, regardless of age, sex and religion. Currently, 17 per cent of the CCCs clients on ART are children less than 14 years of age while 33 per cent of patients are male and 67 per cent female.

The CCC numbers are as follows:

- Ever enrolled in the program - 5,000
- Patients on care - 2,500
- Children - 17 per cent of 2,500

The CCC's goal is to reach clients attending hospital services - outpatient, inpatient and community - with HIV messages and testing monthly through active involvement of trained HIV counsellors and field health educators.

Maua Methodist Hospital aims to strengthen the existing working relationship, networking and collaboration with county and national government health teams and other HIV/palliative care service providers to ensure patients get the same quality HIV services across the country. Monitoring and evaluation is carried out in our monthly programmatic team meetings.

The palliative care programme also reaches out to people living with HIV/AIDS. The overall goal of the palliative care programme is to provide high quality care to people living with HIV and other life limiting illnesses, including children and pregnant mothers, to prevent transmission of HIV to their unborn babies, notwithstanding financial ability, cultural or

(Top) Juda, the kitchen garden facilitator showing members of the community how to plant a kitchen garden in a gunny bag.

(Bottom) Orphans and vulnerable children play a game during teens day which takes place every quarter.

religious affiliations.

The main activities of the Maua Methodist CCC are as follows:

- Kitchen gardens expansion. We envision that patients identified for the initiative will actively participate to make it succeed.
- Daily HIV testing for all admitted patients, out-patients and patients seen in community outreach clinics run by the community department. We have a strategy of reaching out to the families of those infected with HIV testing services.
- Offering HIV testing at every entry point in the hospital
- Prevention of mother to child transmission of HIV
- Patient support groups activities including psychosocial support and income generating activities
- Teens/adolescents with HIV support group meetings and forums
- Psychosocial supportive counselling for adults and children
- Community Health Volunteers support including trainings and follow up
- Human rights advocacy and support for desperate HIV cases through CHAK
- Scaling up screening for cervical cancer for all female patients enrolled in the programme
- Community HIV counselling and testing

AIDS orphans shelter project

Maua Methodist Hospital started the AIDS Orphans Shelter Project in 2004 as a response to the plight of orphans and vulnerable children, whose parents died and left them with their aged grandparents.

The ageing grandparents did not have adequate food to feed the children. They also lacked proper housing and had small pieces of land which they tilled with very little yields.

Dedication of an orphans' shelter by a missions team in collaboration with the local communtiy. Maua in collaboration with visiting missions teams builds 10-16 shelters for OVCs annually. Each of the visiting missions teams contributes USD3,000 towards the programme.

Since the project started, almost 600 housing units have been constructed for such families. This has transformed the lives of these children forever, giving them dignity and a place to call home. They often invite their friends over to play or study.

Kitchen gardens

The Maua Methodist Hospital CCC has come up with the idea of planting kitchen gardens in gunny bags. There are new gunny bags in the market that are long lasting and can hold large volumes of soil.

This means that more crops can be planted in the gunny bags. Each of the gunny bags costs Ksh1,500 and can last up to 10 years. This is cost effective and value for money. The Maua HIV programme has 12 active gardens and plans to start 15 more by 2010.

Challenges and lessons learned

A very strategic direction the hospital is taking is to reach patients where they live and test all family members to establish their HIV status.

Home visits are a vital part of caring for patients with HIV, understanding their challenges and tailoring interventions to the individual patients' needs.

Because funding had been reduced for home visits, it has become increasingly difficult to trace patients who have defaulted or are having social difficulties.

Of particular challenge are antenatal mothers who are newly diagnosed with HIV during their first clinic visit. These mothers are often too scared to return for vital treatment for themselves and their unborn babies. Being able to trace them to their homes and bring them into the clinic is essential to prevent transmission to the child.

Fully or partially orphaned children often have major social challenges with guardianship and being

able to visit their homes and meet with relatives is crucial in trying to establish a stable environment and identify a committed adult to assist with their ongoing HIV treatment.

For staff to carry out their duties most effectively they need training. Training on basic HIV counselling and testing is constantly needed.

Maua CCC has patients who have been on ART for up to 18 years. Although this is a great success it brings with it the long-term complications of HIV and the drugs used in treatment.

Some of the patients began ART as young children and are now of childbearing age. They therefore need sound advice on how to successfully have their own HIV negative children. There is need to train clinical staff on how to handle these patients.

Although HIV prevalence has dropped both in the country and in Meru County, many vulnerable groups are not being reached for HIV testing and treatment.

Adolescents, motorcycle riders, commercial sex workers, among others, need an inventive approach which may require additional resources.

For adolescents, coming to the clinic on a regular basis is difficult, and when mixed with other patients they are not comfortable. Maua therefore has plans to build a youth friendly clinic, separate from adults and small children, where adolescents can relax, play games, share experiences and receive counselling as necessary.

Giving young people a voice through Operation Triple Zero club

By Caroline Omoro - Kendu Adventist Hospital

"I'm neither comfortable with children nor adults," said Rose* with a sad look on her face.

Sitting in the Kendu Adventist Hospital Comprehensive Care Centre, the young girl looked somewhat lost and lonely despite the bee hive of activity around her.

Rose, not her real name, was born of discordant parents and informed of her HIV-positive status when she was seven years old. The young, beautiful girl, about 15 years of age with a chocolate complexion, sat forlornly in the CCC waiting bay, her chin resting on her clenched left hand.

Rose' situation is not unique to her. Many HIV-positive adolescents face a similar situation.

In order to address the issue of "belonging" and other challenges faced by HIV-positive adolescents, including, but not limited to status denial, poor adherence, early pregnancy, early sexual encounters and re-infection, the Operation Triple Zero (OTZ) concept was initiated.

The concept was borrowed from a group of adolescents accessing care at Kenyatta National Hospital. Operation Triple Zero engages adolescents and young people living with HIV (AYPLHIV) as active stakeholders and partners in their health by promoting a responsive service delivery model.

The AYPLHIV joining OTZ clubs are offered a comprehensive HIV treatment literacy package, and are empowered to be self-health managers. They commit to a simple treatment goal of achieving "three zeroes": zero missed appointment, zero missed drugs/medications, and zero viral load (VL).

Photos: Courtesy of Kendu Adventist Hospital

Above: A few members of the OTZ club unwinding after a meeting.

Below: Rose Mireri, a trained psychosocial nurse, conducts a session for the adolescents and young people on reproductive health.

The club empowers participants to take charge of their health, take control of their decisions, receive support from fellow peers, and identify with peers who are doing well.

Kendu Adventist Hospital OTZ Club has 68 active members who meet quarterly to address issues and find solutions. The group is purely operated by the adolescents with mentorship from CCC staff.

The Kendu OTZ club was launched in September, 2017, to improve adherence and reduce Viral Load among the adolescents. The

club seeks to address the issues of missing drugs, missing appointments and viral suppression among adolescents.

It is open to all willing adolescents aged between 10 to 19 years regardless of whether they are on care or not. The group helps them to realize and address issues that are brought about by lack of disclosure and stigma.

The group officials include a chairperson, secretary and treasurer. The officials are elected through voting and meetings are held every quarter. The agenda for meetings is generated by the group members and action points identified. Two CCC staff provide support to the group, providing health education, ensuring positive interaction and direct approach to questions raised by the young people.

The club members who are mainly drawn from Homa Bay County are also taught on reproductive health. Out of 360 on care in the hospital, 68 are in the OTZ group.

With their slogan is "for us by us", the group members focus on implementing activities that are of benefit to them.

Income Generating Activities that include poultry farming, goat rearing and growing vegetables help the members to realize income that is used to make monthly contributions to the group, provide them with pocket money, enable them to purchase of basic necessities for school and assist their parents and guardians.

The Kendu club members also meet with adolescents from other health facilities to exchange ideas.

Blooming Lily Foundation, a non-profit organization based in the USA, has over the last three years included five Kendu Adventist Hospital-CCC girls in its annual girls only retreat. The girls are mentored on

Current in care	Male		Female	
	Peads	Adults	Peads	Adults
	159	1505	172	3080
Enrolled for TB treatment in the month of Feb 2019			8	
Enrolled into care	2	4	0	5
Clients active on PREP	Male		Female	
	12		44	
Discordant couples	175			
Viral load suppression				
Overall	4617/4837*100 = 95%			
Pead viral suppression	272/316*100=86%			
Adult viral suppression	4345/4521*100=96%			
Monthly booking Average	1200			
Adolescents	130			

Kendu Adventist Hospital CCC data as at end of February 2019

self-awareness, mental health, paths to success and understanding HIV/AIDS.

In addition, towards the end of 2018, Better World Canada distributed reusable sanitary towels to the adolescents in the CCC

Kendu Adventist Hospital CCC was established in 2006. Some of the challenges faced by adolescents in the programme include:

- Low self esteem
- Depression due to emotional instability
- Inadequate structures for adherence
- Pill burden
- Lack of social support from the family
- Lack of disclosure to their fellow adolescents
- Stigma and discrimination in the community

A plus here is that stigma and discrimination in schools is negligible. Selected teachers, matrons or deans are appointed by the facility to ensure total adherence by those who are still students. These staff have direct contact with the clinic and report on the progress of the client.

• Pill burden

Kendu Adventist Hospital, a faith based health facility opened its doors to its first patient in 1925. The hospital is located in Homa Bay county. Among the hospital's departments are CCC, OPD, IPD, mortuary, school of health sciences and a primary school. The hospital has a a bed capacity of 170.

According to Kenya Aids Response Progress Report of 2018, Homa Bay County has a HIV prevalence rate of 20.7 per cent, second after Siaya which has 21 per cent. The national HIV prevalence rate is at 4.9 per cent. In Addition, New infections in Homa Bay County (15-24 years) is 1852. About 138,921 people are living with HIV in Homa Bay (KHCP, 2018).

Kendu Adventist Hospital Current information on adolescents

- Total adolescents -360 (male - 178, female -182)
- Viral suppression rate - 85 per cent
- Number on 1st line regimen - 250
- Number on first line and failing treatment - 23
- Number on second line - 110
- Number on 2nd line and failing - 26
- Attrition (Dec - Feb 2019) - 6

Achieving viral suppression target in young people through economic empowerment

Lessons from Nazareth Hospital

By P.K. Njenga, Haki Magu, Dan Macharia

Background

Global programming efforts towards HIV epidemic control are geared towards achieving the 90-90-90 targets by 2020 and 95-95-95 by 2030 as set by the Joint United Nations program on HIV/AIDS (UNAIDS).

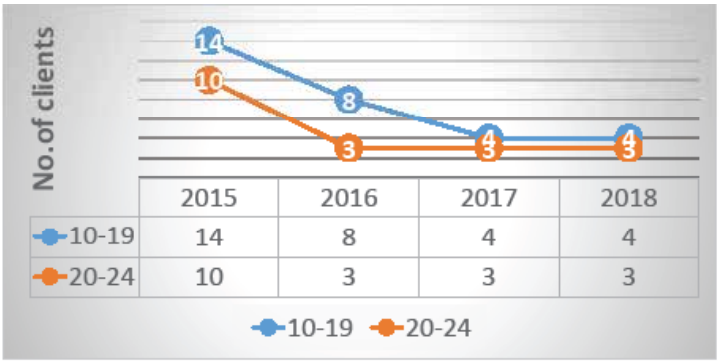
The individual steps in the cascade are that 90 per cent of people living with HIV (PLHIV) are aware of their status, 90 per cent of those diagnosed are initiated on life-saving Antiretroviral Therapy (ART) and 90 per cent are virally suppressed.

Ensuring that clients on ART are virally suppressed is beneficial because it significantly reduces the risk of HIV transmission, morbidity and mortality from opportunistic infections. Whereas the third 90 (viral suppression) has been achieved among adults on ART in most countries, AYPs are still lagging behind.

Data from the National AIDS/STI Control Program (NASCOP) website (March 2019) shows suppression in Kenya for the 10-14 age group stands at 80 per cent, 78 per cent for the 15-19 age group and 87 per cent for the 20-24 group, which is still below the UNAIDS targets.

Adolescents and Young People (AYP) remain vulnerable, both socially and economically which is a huge hindrance towards achievement of optimal treatment outcomes in this population.

Trends in number of unsuppressed AYPs at Nazareth Hospital (2015-2018)



Soap making by members of the Nazareth Youth Group

Innovations

In 2015, the youth at the Nazareth Hospital under the support of CDC-CHAK CHAP Uzima Project and Tree of Lives initiated several youth-led income generating activities (IGAs) among the AYPs in the facility.

The idea was borne from the fact that the facility was experiencing major challenges relating to HIV positive adolescents and youth i.e. non-adherence, defaulting from care, treatment failure and mortality.

The activities that the youth came up with include soap making, beadwork, yoghurt processing, artwork (décor) and farming (green house). The major consumer of the products from the youth IGAs is the hospital itself.

The AYP population at Nazareth currently stands at 131; (72 (10-14 years) and 59 (20-24 years). Proceeds from IGAs have enabled the facility to achieve a viral suppression of 95 per cent among the AYPs through reducing the common but significant barriers to adherence.

The group is able to support transport reimbursements for needy cases and to provide refresh-

ments (including the yoghurt that they make) to participants during support group meetings.

The IGAs provide a forum to offer psychosocial support to group members as they work together towards a common goal. The facility is also able to organize an annual adolescent and youth symposium that brings together AYPs from Nazareth and other facilities to discuss matters related to their care.

There are also two additional peer mentors at the facility, over and above those supported by CHAK-CHAP Uzima, who are supported purely from the IGAs proceeds.

This successful innovation has caught both national and international attention. The Nazareth Youth group got the 'Adolescent Award' from the Ministry of Health National AIDS and STI Control Program (MoH-NASCOP) in March 2019 for their efforts in achieving the third 95 among AYPs through life skills.

Several international dignitaries including the First Lady of Zimbabwe and representatives from the Presidential Emergency Program for AIDS Relief (PEPFAR) have visited the facility to learn from the youths.

The Nazareth Youth Group is sharing their innovation with other facilities within and beyond the program through their outfit, 'The Mend Up' the AYP platform that brings together all adolescents and young people within the CHAP Uzima project.

The motto for the 'Mend Up' is 'Stepping up the Game'. This is what the Nazareth youth have done by thinking out of the box.

In view of dwindling donor funding support for HIV programs in the country, use of IGAs presents a sustainable option of supporting the AYP programs at facility level.

'Almost everything that is great has been done by the youth.'-Benjamin Disraeli

Top: *A member of the Nazareth Youth Group tending to cabbages in their green house.*

Centre: *Representatives from the Nazareth Youth Group receiving the Adolescent Award from Dr. Celestine Mugambi of NACC at the NASCOP Paediatric and Adolescent Strategy Planning Retreat in Naivasha.*

Bottom: *First Lady of Zimbabwe is told about the Nazareth Youth Group by Site Coordinator Eric Munene during a visit.*

Sally is giving hope to HIV and cancer survivors through her testimony

My name is Sally. You may have heard my story or not. First, I am grateful to be alive, healthy and well at 50 years of age. Many of you who meet me for the first time might not realize that this has not always been the case. Allow me to briefly share my story. I hope it not only inspires, but compels you to action.

I was diagnosed with HIV in 1999 after loosing two babies at two months and seven months respectively. I suffered stigma from my in-laws who accused me of being a murderer. As a result, we separated with my husband. A series of events led to the loss of my husband.

I went into deep depression following the pain that came with opportunistic infections that included Tuberculosis, Herpes Zoster, Pneumonia, Cytomegalovirus and skin rash.

Since the treatment for HIV was expensive and not readily available, I lost hope and decided to end my life by throwing myself into the indian ocean. By God's grace I was rescued. God had good plans for me as stated in Jeremiah 29:11.

While in the ocean, I heard a still small voice telling me to go and save people. I believed this was my Creator's voice and therefore I did not drown. When I shared my story of despair with the police they opted not to arrest me but to allow me to go and save God's people.

My elder sister took me in and with a lot of love supported me until I was able to stand on my feet once more. I visited Mbagathi District Hospital in Nairobi often to speak with the patients and encourage them using my life story.

I was hospitalised quiet a number of times and witnessed patients die of AIDs-related illnesses. The doctors were amazed at my zeal and could not understand how I survived. There was an NGO working within the hospital and when they heard my story they offered me a job as a peer educator and trained me. I held this position for 11 years.

I get inspiration from psycho-social support groups. I am involved with a bible study group whose members have accepted me with my condition and have offered alot of support.

I was initiated on Anti Retroviral Drugs in 2003 and have religiously taken them to-date. I enjoyed a fairly good health until 2007 when life took a turn on me.

Just when I thought I was done with the hurt and the pain, I was diagnosed with stage II Cervical Cancer due to HIV.

Sally Agallo Kwenda is a HIV/AIDS Counsellor, Cancer Advocate, and a Global Hero of Hope. She has spoken in several forums and events such as Bill Clinton's visit to Kenya in 2008, The First Ladies Stop Cervical, Breast & Prostrate Cancer in Africa (SCCA) in July 2015 and the Fifth Palliative Care Conference in November 2018. She is the Group Secretary of Stoma World Kenya and Chairperson, Survivorship Team – Relay For Life Kenya 2015, 2018 and 2019. She also provides voluntary counseling to people living with HIV and Cancer in Kibra and other areas.

Courtesy: CITAM

This was the beginning of a long, rough and many times uncertain journey. The sights and sounds of hospital rooms and corridors became familiar, the agony of being stigmatized by those I thought I could depend on only added salt to my open wounds; I had reached the end of my tether.

Many of those I have known on this journey have either passed away, or are in circumstances much worse than what I have been through. Many of those I know got their diagnosis when it was too late to turn the tide.

Cancer or HIV does not have to be a death sentence. I however, remain with lifetime scars. I walk around with a colostomy bag that collects my stool. I need two of these in a day and each costs Ksh600. Some of my scars are not physical.

The support of family, friends and many times, those I have never known or met give me belief and hope in humanity. That when we support each other, the burden is much lighter.

The best warrior is not the one who always wins but the one who is not afraid to go back to the battle. I suffered HIV and cancer and came out a warrior. My plea to every man, woman, youth - its time for action; it's time to beat this diseases. This is possible if you and I come together and make that decision. Get tested today as early diagnosis saves lives. It saved mine.

A life badly shattered, then mercifully repaired by The Potter's hands

I can be changed by what happens to me. But I refuse to be reduced by it.- Maya Angelou.

I love singing! I sing because I'm happy, and sing when I want to go to my happy place. I sing people's songs. Songs bring back different memories. Lucky Dube's song- Romeo, brings back bittersweet memories.

He looked decent, never drank alcohol or smoked like the men I was accustomed to meeting ever since moving into the slum. He had just moved in and wanted to make friends. I felt special when he offered to take me out on our first meeting. Other girls in school were telling stories of their boyfriends, and how they were 'in love'.

I was in love with my books because they were the only way out of the culture shock I was experiencing. Eight months earlier, our family of nine had moved into a single room mud house in the slum from a two bedroom house in Buruburu. Our fortunes changed, and the 17-year-old in me was learning to cope with the situation.

That day was my first to watch a movie at a cinema; Never been kissed was the movie. He introduced me to his family, at least the ones he was close to. He played Lucky Dube's song when he asked me to be his Juliet. I felt loved for the first time.

The first time we had sex, we agreed to use protection. He removed it in the process and informed me after. "I removed that thing, so what's in me, is in you, and what's in you is in me." I never asked questions.

Two weeks later, I noticed I had an infection. We kept the relationship going on because it was easier to convince him to take me to the hospital than to disclose to my parents that I was sexually active.

It took four months to finally go to the hospital together for the STI treatment. Nothing could have prepared me for the revelation. I had the STI, tested positive for pregnancy, and HIV-positive.

The good thing is the revelation came after I had done my KCSE exams. I would have failed terribly. I scored a B- (Minus), but my dreams of pursuing education went down the drain. I never followed through my university admission. I had a lot going on.

Life in Nairobi's carton slum did not make things easier. I decided to settle for hairdressing instead. I am someone who hides in work to forget the pain I might be going through. I was the best hairdresser, as I processed

Juliet Awuor has come a long way since she received the news that she was HIV-positive and pregnant as a teenager. Story courtesy of CITAM

the fact that I would soon be a teenage mother. I saved my commissions from hairdressing so that I would deliver in a hospital.

I didn't want to burden my parents with the consequences of my wrong choices.

We plan as human beings, but life throws surprises at us. I didn't know what labour felt like; I delivered outside in the cold night, as I was preparing to go to the hospital. I did all the wrong things, like weaning at two weeks and mix feeding my baby because I didn't want to raise any suspicion as to why I was not breastfeeding.

Due to this, I lost my beautiful baby boy to pneumonia at five months. We buried him in an unmarked grave in Langata cemetery. George, my baby's father- never came for the funeral. The last time I saw him was a month after I lost my baby. He blamed me for killing my baby. He told me, sarcastically, to be happy because he left me the way he found me. I could only afford a sad smile.

By 19, I had opened a salon business. I was slowly picking myself up, despite keeping my HIV status a secret. After five months, I suffered a stroke that left me

incapacitated. My right side became paralysed. I closed my salon and stayed home for a year wallowing in a pity party. I tried selling second-hand clothes, charcoal, beans, even sweet potatoes, to get pocket money. Just like other dreams, I buried my entrepreneurship in an unmarked grave.

During this time, I came across the Kenya Network of Women With Aids (KENWA). This is how my volunteering started. I decided to volunteer my time as a community health worker at a drop-in center in Kiambiu slum. I saw people who had more tragic stories than me. I used to share my story with the guests who visited the drop-in center. This is how I got to know a US-based organization, Population Action International (PAI). They featured me in a documentary, Abstaining from Reality in 2006. (The documentary is available on-line.)

The year 2007 started on a high note for me. I got my first job as a volunteer Behavior Change Communication Advocate with PSI- APHIA II. My job was using my story to educate the community on HIV prevention.

On Women's Day 2007, I spoke in London Parliament during the launch of the documentary. In May 2007, I spoke in Ottawa at the Canadian Parliament building, during the American launch of the documentary. In October, I went back to Canada to co-facilitate a workshop at the College of the Rockies, with a friend I met at KENWA.

My advice to anyone bearing unforgiveness is to let go and travel light

Through fundraising initiated by a good friend I met at PAI, I enrolled at Daystar University for a diploma in communication. I graduated the only double major diploma in print and electronic media, with First Class Honors in 2011.

I went back for my degree in 2012, as a self-sponsored student, volunteering as a church administrator, with a loan of Ksh30,000 from the church sacco - talk of faith in action.

All through the years, I was praying and releasing the man who infected me with HIV. In 2012, ten years later, I bumped into him in town. He was walking with crutches, in the company of his wife. I surprised myself because I was the one who stopped him with greetings. He was equally surprised. He thought I had died a long time ago.

His leg was affected by cancer of the skin and he was going for chemotherapy when I met him. You would expect me to be vindicated right? After all, he ruined my life and moved on with his. I did not rejoice, neither did I feel vindicated. No one would wish cancer on their worst enemy.

Later, his wife took their three children and abandoned him to die on his own. I had to help him in the hospital like someone who meant a lot to me. Of course, it was not easy.

At times I would remember how he ruined my life, and be angry with myself for reducing myself to the person I now was. I had all the right not to care about him.

I instead asked him to forgive me for holding him in my heart for all those years and told him that I had forgiven him for ruining my life. During this time, he became a believer. I cared for him until he was discharged from the hospital.

Soon after, a Canadian friend offered to support me through my degree. God provided the scholarships

Juliet aspires to run a social enterprise educating young people on teen sexuality and reproductive health

to compliment and take me through university and in 2015, I graduated.

To top it up, I received the creativity award for Nairobi campus.

George died in January 2013. His family never informed me of his death, despite knowing that I had walked with him through his sickness. I only found out a month after his burial, when I called one of his friends to ask how he was fairing on. I mourned him, just like I would someone who meant a lot to me.

My advice to anyone bearing unforgiveness is to let go and travel light. Unforgiveness only harms you, while the person who wronged you moves on with their life.

What keeps me going? Singing, laughter, writing, reading and above all God.

Jeremiah 18:2-4 says that when the clay marred itself in the potter's hands; the potter formed it into another pot, shaping it as it seemed best for him.

God has sustained me for this long, for a greater purpose. I now aspire to run a social enterprise educating young people on teen sexuality and reproductive health. With the rising cases of teenage pregnancies, someone must educate our young people.

Juliet Awuor writes at mwanadada.com. You can also connect with her on Twitter, LinkedIn and Facebook.

CHAP-Uzima programme interventions for OVC yield significant transformations

CHAK through its CDC funded CHAP Uzima Project is supporting implementation of TB/HIV prevention, care and treatment interventions in 79 faith-based and affiliated health facilities and four Orphans and vulnerable children (OVC) Local Implementing Partners (LIPs) distributed in 19 counties in the Central, Eastern, Coast, Nairobi and Southern Rift Valley regions of Kenya.

Above: John encouraging OVC and their guardians and below, studying at school.

John is adhering well and during his last viral load test in April 2018, the results showed low detectable load.

OVC component

The CHAP-Uzima OVC component supports 6,338 children affected or infected with HIV/AIDS from Nairobi, Machakos, Kajiado and Narok counties.

The local implementing partners in the OVC component are as follows:

- Adventist centre for Children Support (ACCS) serves 1687 OVC from Nairobi County
- Apostles of Jesus Ministries serves 2330 OVC in Kajiado County
- African Brotherhood Church Community Development program (ABC-CDP) serves 1321 OVC in Machakos County
- Anglican Church of Kenya Narok Integrated Development program (ACKNIDP) serves 1000 OVC in Narok County

The OVC are children, ages 0-17, who have lost a parent to HIV/AIDS or been made vulnerable due to HIV/AIDS.

Services under this component are focused around four key domains:

- Health
- Education
- OVC households economic strengthening
- Child protection and Psychosocial support.

Beneficiaries in this component are identified in several ways:

1) Through HIV-specific services such as PMTCT, voluntary counselling and testing, treatment, home-based care, support groups for people living with HIV, among others.
2) Through social services such as child welfare services, post-rape care centres, e.t.c.
3) Key populations initiatives, including prevention programs for high-risk persons under age 18

.Below are some of the cases with significant transformation across the CHAP Uzima supported OVC sites. The cases were identified during structured monitoring of the OVC households.

Machakos County

John Vaati Muthusi – The champion adolescent

John is 19-years-old and living with HIV. He hails from Wamunyu, Mwala Sub County, Machakos County. John is a CHAP Uzima project beneficiary who was enrolled into the ABC OVC project in 2013.

Before project intervention

As a teenager living with HIV, John had self-esteem challenges arising from his status as well as the fear of

discrimination which led to poor adherence and, as a result, poor health.

Project interventions

Healthy: John was supported to access care and treatment at Machakos Level 5 Hospital every month to ensure that he did not miss any of his clinic appointments.

He was invited to be a part of a psycho social support (PSS) group for OVC living with HIV. The group of children met often with project staff and/or hospital counsellors to speak and encourage them. This was geared towards improving their adherence as well stigma reduction.

Additionally, at Machakos Level 5 Hospital, John was enrolled into the OTZ club. Through the club, he learned the importance of retention, adherence and treatment.

Schooled: John received education support through career mentorship forums which were held during vacations. In addition, he was visited in school for performance and attendance monitoring. During the visits, he was encouraged to work hard.

The program supported him to transit from primary to secondary school through payment of school fees. He was enrolled first to Makaalu Secondary School where he faced discrimination from teachers and fellow students after they realized that he was living with HIV. He opted to drop out of school, but through the project's intervention, he was transferred to Mwasua Secondary School.

He completed his secondary school education in 2017 and scored grade D in the national examination.

John was enrolled at Nyeri National Polytechnic in 2018 where he is pursuing a certificate course in human resource management.

Current situation

As a project beneficiary, John has continually showed improvement in his health and studies. He is adhering well and during his last viral load test in April 2018, the results showed low detectable load.

John has become a champion in the ABC CHAP Uzima project. Currently, he is involved in engaging the teenagers during PSS meetings for OVC living with HIV. He has been of great help encouraging them to adhere to their treatment regimen well and focus on their studies.

Stellamaris Maingi

Stellamaris is a mother to five children and she is living with HIV.

She hails from Mbiuni, Mwala Sub County, Machakos County. Three of her children were enrolled into the project in 2013.

Before project intervention

Due to the fact that she was living with HIV, Stella Maris often felt side-lined in the community, didn't have enough income to care for her children and was struggling to educate them. Her children did not have proper registration documents at the time of enrolment into the programme.

Stellamaris receiving her business kit from the CHAP-Uzima project.

Project interventions

Stable: Stella Maris had a small business, hawking food in Mbiuni market. On market days, she would be at the market well before 6am to hawk porridge. The proceeds from the sale of porridge enabled her to care for her family to a certain extent.

In 2016, ABC CDP intervened by training her in basic business skills. This also involved mentoring from the social workers, after which the project provided her with a business kit to improve and diversify her business. She then opened a kiosk, where she could better serve her customers as well as operate everyday rather than just on market days.

Healthy: Stella Maris joined a PSS group for caregivers living with HIV in Mbiuni centre where they met frequently to encourage and support one another. During their meetings, project staff and peer counsellors would encourage and support them. This resulted in improved emotional and social wellbeing as well as improved adherence.

Schooled: One of her children who was in secondary school received school fees from the project. This improved attendance, retention as well as performance. All the three children received school uniform and sanitary towels for the teenage girl for improved self-esteem.

Safe: Through the project, Stellamaris was assisted to acquire birth

certificates for all her children.

Current situation

Stellamaris is one of the most active members of the psychosocial group at Mbiuni. With her passion in business, she is now able to meet her family's basic needs. Through the proceeds from her small business, she now pays school fees for her daughter and son who are in secondary school as well as levies for the child in primary school.

She is also able to save and borrow money through a local VSLA. In addition, she has been able to purchase livestock (a cow and goats) which she says is an investment for the future.

Jeniffer Nduku

Jeniffer Nduku is a 41-year-old caregiver living with HIV. She hails from Wamunyu, Mwala Sub County, Machakos County. She is a caregiver to three OVC who were enrolled to the project in 2015.

Before project intervention

Due to the fact that she was living with HIV and had a TB infection, Jeniffer was repeatedly admitted in hospital leaving her weak, unable to earn a living and care for her three daughters.

The children became very vulnerable as a result of very low household income and living without adult supervision when their mother was hospitalized. The girls also became very withdrawn.

As a result of the repeated hospitalizations and general body weakness, Jeniffer did not have a stable source of income and therefore could not pay house rent, feed and support her children. Her children did not even have school uniforms yet she was a trained tailor. Money for school fees was scarce and the children were often out of school. She relied on neighbors and well-wishers to meet her family's needs.

She and her girls also lacked legal documents (national identity card and birth certificates).

Project interventions

Health care and psychosocial support: Jeniffer was supported to access care and treatment at Machakos Level 5 Hospital.

Through partnership between the project and health facility, most of her medical bills were waived.

Once she was back on her feet after hospitalization, she was introduced to a psychosocial support group for her emotional well-being. When her physical and emotional heath improved, she was transferred out from Machakos Level 5 PSS group to Wamunyu Health Center PSS group.

This increased accessibility of care, leading to improved health.

Food and nutrition: While she was weak and unable to work, the project supported Jeniffer by providing her with food items such as maize, wimbi (finger millet) flour and beans.

This enabled her to recover faster and ensured her daughters did not drop out of school due to hunger. They attended school regularly and were able to concentrate on their studies.

Education support: One OVC in secondary school received school fees from the project which improved attendance, retention as well as performance.

Through project collaboration with the school administration, school levies for two of her children in primary school were waived, allowing them to attend school uninterrupted. This helped improve the children's performance in school.

All the three children received school uniforms and sanitary towels for improved self-esteem.

Legal protection: Through the project's initiative, Jeniffer who was in her late thirties at the time, was assisted to acquire a national identity card which then allowed her to process birth certificates for her three children.

Household economic strengthening: Once was strong enough, project staff paid Jennifer, who is a trained tailor, a visit at her little kiosk where she engaged in repairing torn and old clothes for her clients.

She had been unable to grow her business as she did not have the required capital. The project supported her to get some basic business training after which she was provided with a business kit to boost her business, and improve her income towards better standards of living.

Current situation

Jeniffer is one of the most active members of the psychosocial group at Wamunyu. She has become a role model to other young caregivers living with HIV.

After putting her tailoring skills to work, she has been able to meet her family's basic needs. Through the business, she is now able to comfortably pay her house rent, school fees for her child in secondary school as well as levies for those in primary school.

She no longer depends on well-wishers to care for her children; she is self-reliant. Her children are jovial and interact well with their peers as they do not have to worry about their mother's condition.

Kajiado County

Sarah Kayeza

Sarah, 49, hails from Kware and lives in a small single room with her eight children. She ekes out a living as a casual labourer and runs a small ice cream business at Kware market. This way, she is able to provide for her family.

In bringing-up her children single-handedly, Sarah faced several challenges. She did not have a cooler box of her own for her ice cream business.

She would lease one from a neighbour at a fee of Ksh100 per day, an amount she paid whether she had made a profit or not.

According to Sarah, not having her own cooler box was the biggest impediment to the success of her business.

Through the CHAP-Uzima OVC component, under the Biashara Boost, Sara was supported with a new cooler box. Now that she owns this vital item, she does not have to pay the Ksh100 to her neighbour.

On a week day, she is able to make a profit of about Ksh800 while on weekends she makes about Ksh1,200.

She has been able to join a savings group where she is contributing Ksh800 every week. With the savings, she will be able to educate all her children especially now that she has a secondary school- going child. She is now able to provide for her family's basic needs. Sarah looks forward to growing her business, thanks to CHAP Uzima.

Sarah now has her own cooler box and is able to make a healthy profit from her business.

Stronger policy maker commitment to FP through advocacy by faith leaders

A case study produced by CHAK and Christian Connections for International Health as a result of the Christian Advocacy for Family Planning in Africa project

Challenge

County structures and competing priorities have hindered prioritization of family planning (FP) in Kenya. There is limited funding for advocacy activities to push for tangible outcomes such as favorable policies, a budget line for FP in county budgets and Costed Implementation Plans (CIP) for family planning.

Why religious leaders are key to family planning acceptance

Involving religious leaders in health matters and cultural norms is important because they are critical influencers of health outcomes. Religious leaders are able to reach policy makers and influence key decisions. They are engaged community members and understand their communities' culture, beliefs, and other factors that may influence health.

The Christian Advocacy for Family Planning in Africa (CAFPA) project, funded by the Bill & Melinda Gates Foundation, engages religious leaders to advocate for community and policy maker support for family planning to drive positive policy change.

Religious leaders in the CAPFA project with project coordinator Jane Kishoyian (centre) during the CHAK Annual Health Conference in 2018.

Location

The project works in Kiambu, Meru, and Murang'a counties.

Key players

These are CHAK, Christian Connections for International Health, religious leaders, national and county policy mak-

ers, hospital managers, health care workers and community social influencers.

Strategy

Religious leaders are natural advocates for health matters, including family planning because they care about the well- being of their congregations, are well connected in their communities, and are experienced public speakers with access to large numbers of people through their houses of worship.

The CAFPA project capitalized on these factors and engaged religious leaders to advocate for policy changes and budget allocation specifically for FP and to ensure availability of FP commodities and supplies.

Tactics

Religious leaders who were trained in family planning advocacy spoke publicly at 10 events and meetings in 2018, requesting funding and support for family planning.

The leaders spoke at the CHAK Annual Health Conference, which was attended by 250 people, including policy makers; the CCIH Annual Conference, three stakeholders meetings (one in each of the three target counties) and in six county engagement meetings with County Health Management Teams.

The leaders also spoke about family planning regularly to their congregations, and at weddings, funerals and other community events, including public gatherings known as barazas, showing their support and demonstrating family planning is consistent with their Christian values.

Especially impactful was the presentation at the CHAK Annual Health Conference where 11 religious leaders read a formal statement affirming their commitment to family planning.

They also asked fellow religious leaders to sign the written statement, which has been posted online and shared. (Video of the statement of support is available at www.ccih.org > Resources > Family Planning > Advocacy and Policy Resources).

Outcomes

Following advocacy by religious leaders in the CAFPA project and along with assistance from other partners, Meru County now has a costed implementation plan (CIP) and a line item in the budget for family planning.

Religious leaders in three counties representing seven denominations have definitions of f amily planning and what methods they support clearly and publicly identified.

Uptake of family planning has been significantly increased in at least one location (Maua Methodist Hospital in Meru County) where Religious Leaders have been publicly speaking about family planning.

Next steps

1. CHAK and the religious leaders will continue to track the county budgeting process and advocate for budget lines for family planning in all three counties.
2. The group will continue engagement with Murang'a and Kiambu counties to encourage the development of a Costed Implementation Plan (CIP).

Lessons learned

Religious leader are powerful community advocates for family planning. Engaging them on matters of health and well-being of communities is a natural fit with their calling to serve, education and training, and position in the community. If they are given the facts on family planning and its connection to maternal and child health, they are willing to engage and speak out publicly to influence change.

My Story

It is very fulfilling to know that I can now talk to my government about financing family planning. I though my calling was only to preach the world of God, but I am doing more to help my community. - ***Venerable Reverend Silas Micheni, Family Planning Advocate, Archdeacon, Anglican Church of Kenya, Meru Diocese***

This case study was produced by the Christian Health Association of Kenya and Christian Connections for International Health as a result of the Christian Advocacy for Family Planning in Africa project, supported by the Bill & Melinda Gates Foundation.

Government releases policy documents to guide implementation of UHC

The Government has released policy documents to guide the implementation of Universal Health Coverage in the country.

The Road Map Towards Universal Health Coverage in Kenya 2018-2022, Universal Health Coverage Implementation Plan Phase 1 and Training Manual for the Universal Health Coverage in Kenya detail the Government's strategy towards ensuring attainment of health for all.

Road Map Towards Universal Health Coverage in Kenya 2018-2022

The roadmap policy document will assist the entire health sector to maintain a clear focus on the goals of UHC in Kenya and guide efforts towards attaining the critical goal of health for all.

This will ensure the sector is working towards common UHC goals in a synchronized manner and is expected to result in reduction of duplication of efforts and enhanced efficiencies in the use of existing resources.

According to the UHC Road Map document, the main objectives towards achieving UHC in Kenya can be summarised as follows:

- Progressively increase the percentage of Kenyans with coverage for essential health services
- Increase the percentage of Kenyans covered under prepaid health financing mechanisms such as health insurance, subsidies and direct government funding to access health services
- Progressively expand the scope of the health benefit package accessible to all Kenyans
- Improve the quality of health services
- Protect Kenyans from catastrophic health expenditures, in particular the poor and the vulnerable groups
- Provide and retain health resources appropriate for the delivery of health services
- Strengthen leadership and governance within the health sector

Universal health coverage, according to the documents, will be implemented in a phased approach, the first phase focusing on four counties, namely Isiolo, Kisumu, Machakos and Nyeri, selected as representative of the country in terms of geographical and disease burden.

UHC Phase 1

The UHC Phase I will run for a period of one year. The approach is to ensure that the population in the four counties have access to essential services through government tax based support to health systems strengthening, community health services, public health services and user fee removal in all level 2 to 5 Government-owned health facilities.

Investments therefore will be done in critical areas such as:

- Community health services
- Public health services
- Basic and specialized services

During this period, the other 43 counties will primarily focus on improving their health systems in preparation for the country scale-up by 2021. That includes recruiting additional health workers, ensuring adequate medicines and medical supplies in health facilities, training the health workers, improving the health infrastructure and medical equipment.

The first phase of the UHC initiative will assess the feasibility and cost implications of providing full subsidies through pre-paid mechanisms to all persons in the four counties.

Specifically, Phase I will provide lessons on:

1. The extent to which providing government subsidies to the population through user fee removal enables improved utilization of health care services and financial risk protection
2. The costs of providing essential health services as well as adequacy and their affordability
3. The ability of the health system in four counties to respond and adapt to increased demand of health services and the extent to which health needs of the population are met
4. The effectiveness of the public facilities management including financial management and the implications on health service delivery
5. The effectiveness of the referral system
6. The ability of KEMSA to effectively supply quality and

Universal health coverage, according to the documents, will be implemented in a phased approach, the first phase focusing on four counties

affordable EMMS in a timely manner across the country and meet the increased demand.

7. To determine the effectiveness and efficiency of the primary health care approach including community strategy to UHC

The legal and regulatory arrangements

Development of a legal and regulatory framework, particularly to enable health financing reforms for implementation of UHC, will be done. The legal requirements include the establishment of mandatory social health insurance, essential health package entitlement, contracting arrangements, accreditation of providers, among others.

Implementation of the Health Act will also require robust legislations and regulations. Other targeted legal reforms include the review of the NHIF act, review of the IRA, RBA as well as the PFM acts.

As one of the quick wins, review of the NHIF Act no 9 of 1998 will be done. Systematic review and strategic engagements will be facilitated to review the Kenya PFM, PPP, Procurement, ICT, and other relevant acts to enable full implementation of the UHC roadmap.

Advocacy and communication for UHC

Effective communication with key stakeholders and the public is essential to ensuring the successful implementation of the health reforms necessary for the achievement of UHC.

It is anticipated that the plan will create awareness, catalyse a positive attitude change towards public health services, and create behavioral changes towards better service utilization.

The Plan will address enablers, identify important stakeholders, discuss strategies for engagement, and the time frame for implementation

Members of the public registering with NHIF during a CHAK community outreach. As one of the quick wins, review of the NHIF Act No 9 of 1998 will be done.

Training Manual for the Universal Health Coverage in Kenya

The training manual will ensure that participants sensitized on UHC develop a common understanding of Universal Health Coverage (UHC).

The manual will be used to equip trainees from health sector policy and practitioner levels in both the public and private sectors with UHC information to enable them to advocate for, and pro-actively engage in the implementation of the UHC agenda in Kenya.

The training will last three days for the technical personnel and one day for policy makers. By the end of the training, the learner should be able to:

1. Demonstrate an awareness of the core concepts and the different components of UHC, and the roles and responsibilities of the different actors involved in its implementation.

2. Demonstrate an appreciation of key health system issues related to the delivery of effective and efficient quality health care services, especially to the marginalized and vulnerable populations in Kenya.

3. Facilitate the exchange of views, concerns, experiences and learning among stakeholders currently engaged in UHC related activities in Kenya, especially through advocacy and research.

Universal Health Coverage Implementation Plan Phase 1

The implementation plan is drawn from the UHC roadmap for purposes of implementing UHC in four counties in the first year.

It outlines actions by various actors aimed at ensuring access, equity, quality and financial protection during Phase I at both National and County levels.

It also outlines the coordination structures, key timelines and how monitoring and evaluation, communication and advocacy for UHC will be undertaken.

The document will be used alongside the National UHC guidelines and the UHC monitoring and evaluation frameworks.

The plan outlines the guiding principles and the roles of various actors in the implementation process, and most importantly, it spells out the implementation activities and timelines to achieve a minimum level of standardization.

County specific road maps will continue to guide county priorities.

Laughter Lines

Question and answer

1. What time of day was Adam created?

Just a little before Eve.

2. Who was the fastest runner in the race?

Adam. He was first in the human race.

3. Why didn't they play cards on the Ark?

Because Noah was always standing on the deck

4. Did Eve ever have a date with Adam?

Nope — just an apple.

5. Why did the unemployed man get excited while reading his Bible?

He thought he saw a job.

6. Why couldn't Jonah trust the ocean?

He just knew there was something fishy about it.

7. What kind of man was Boaz before he married Ruth?

Absolutely ruthless

8. What excuse did Adam give his children about why he no longer lived in Eden?

Your mother ate us out of house and home!

9. Which servant of God was the most flagrant lawbreaker in the Bible?

Moses. He broke all 10 commandments at once.

10. Who was the first tennis player in the bible?

Joseph because he served in Pharaoh's court

11. Who is the greatest babysitter mentioned in the Bible?

David — he rocked Goliath to a very deep sleep

12. How do groups of angels greet each other?

Halo, halo, halo!

13. Who was the greatest moneyman in the Bible?

Noah. He was floating his stock while everyone else was in liquidation.

14. What do we have that Adam never had?

Ancestors.

15. Where was Solomon's temple located?

On the side of his head.

16. What did Adam say the day before Christmas?

It's Christmas, Eve!

17. Why did God create man before woman?

Because He didn't want any advice on how to do it.

18. Why did Noah have to punish and discipline the chickens on the Ark?

They were using fowl language.

19. Who was the smartest man in the Bible?

Abraham. He knew a Lot.

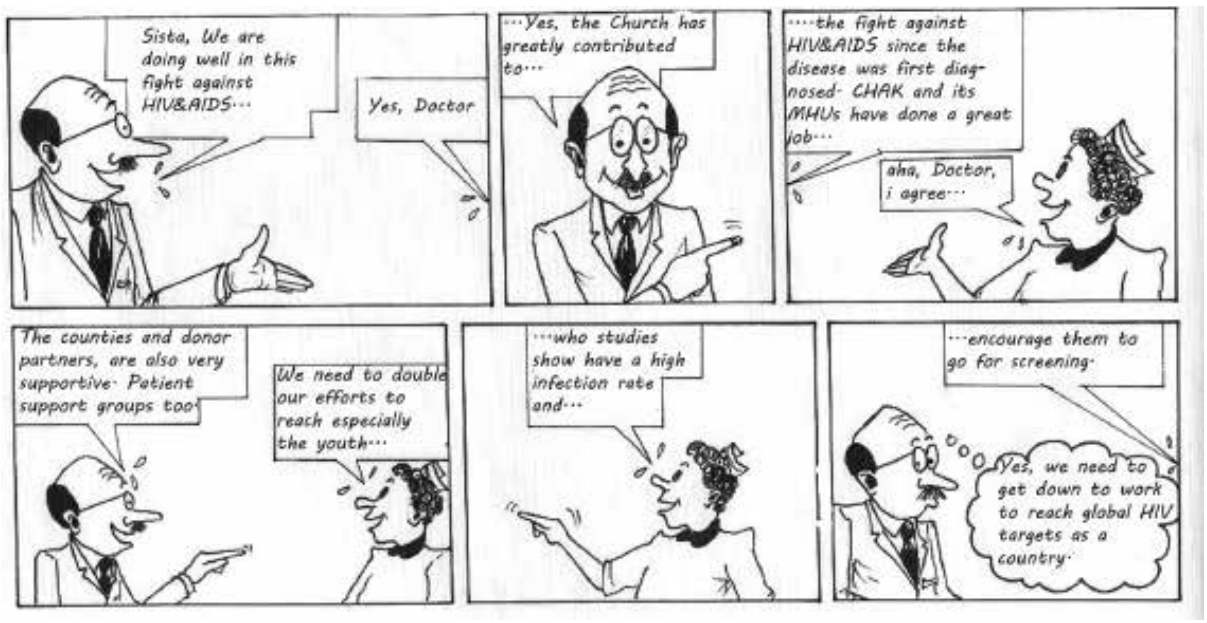
20. Who was the greatest comedian in the Bible?

Samson — he brought the house down

21. Which Bible character had no parents?

Joshua, son of Nun (Joshua 1:1).

DR. CHAKO-BURE



CHAK ANNUAL HEALTH CONFERENCE 2019 & AGM

Dates: April 23 - 25th 2019

Venue: All Africa Conference of Churches (AACC) Desmond Tutu Guest House & Conference Centre, Waiyaki Way, Westlands, Nairobi

Conference Theme: Universal Health Coverage, Kenya roadmap to attaining affordable quality health care for all; role of Faith Based Health Services

Conference structure

The conference delivery structure shall include:

i. Plenary sessions with expert presentations and plenary panel sessions with discussants

ii. Breakaway parallel workshop sessions

iii. Medical exhibition sessions with posters, brochures, equipment and demonstrations

Sessions

1. Kenya Universal Health Coverage Roadmap and the UHC pilot progress and lessons
2. PHC global re-launch through the October 2018 Astana PHC Declaration; implication for UHC
3. Health service delivery successful models by member health facilities:

a. Non-communicable Diseases (NCDs)

b. HIV & TB

c. Reproductive, Maternal, Neonatal & Child Health (RMNCH)

4. Partnerships

a. MOU between National MOH-COG/Counties-FBOs on Health Services

b. Strengthening the CHAK network by closely collaborating with Church Health Coordinating Departments; recruitment of new health units from member Churches and expansion of service delivery units in the county urban areas, alignment and reporting in DHIS2

c. Public-Private-Partnerships (PPP); innovations and partnership opportunity in Dialysis and Radiology services

5. Health Systems Strengthening

a. Access to quality health products from MEDS

b. Quality certification: what it involves and its value - AIC Cure International Hospital Experience

c. Financing - innovations in financial management; secure cash management solutions

d. NHIF – emerging developments in financing UHC

6. HMIS – innovative solutions
7. HRH - diversification of training of health workers

Conference registration

Conference registration forms are available on CHAK website (www.chak.or.ke).

The conference registration fee is as follows:

a. CHAK members

i. Hospitals – Ksh 5,000 per delegate

ii. Health Centres and Medical Training Colleges – Ksh 3,000 per delegate

iii. Dispensaries, CBHC Programmes and Churches – Ksh 2,000 per delegate

b. Non-Members

Ksh 15,000 – (inclusive of conference materials, accommodation and meals)

c. **Exhibition space** is available at a fee. Please discuss with CHAK Secretariat your exhibition space needs and make a reservation

CHAK Annual General Meeting (AGM)

Date: April 25, 2019, 8.30am – 1.30pm

Agenda

1. Devotions
2. Confirmations of Minutes of the previous AGM held on 26th April 2018
3. Matters arising
4. Chairman's Report
5. Annual Audited Accounts for the period ended December 31, 2018
6. Appointment of the Association's Auditors for 2019
7. Elections

i. Chairman

ii. Treasurer

iii. Vice-Treasurer

iv. RCC Chairman for Nyanza/South Rift Region

v. RCC Chairman for Central/Nairobi/South East/Coast Region

8. Date and Venue for AHC/AGM for 2020
9. A.O.B

KENDU ADVENTIST SCHOOL OF MEDICAL SCIENCES

For more info.

CONTACT: The Principal
Kendu Adventist School of Medical Sciences,
P. O. Box 20 – 40301, Kendu Bay
Phone: 0711954609, 0721230535, 0734000009, 0780500507

The Kendu Adventist School of Medical Sciences [KASMS] which was established in 1948, has continued to produce highly skilled nurses and clinicians who are ready serve in nearly any kind of environment that provides them an opportunity.

The School, formerly known as the Kendu Adventist School of Nursing initially offered training at certificate level until the year 2007 when the Diploma program was established giving room for both direct admission and qualified nurses seeking to upgrade to Diploma level. The name was changed to School of Medical Sciences upon introduction of a new diploma course in Clinical Medicine and Surgery in 2011.

The Programmes offered at the School are regulated by the Nursing Council of Kenya (NCK), Clinical Officers Council of Kenya (COC), Technical and Vocational Education and Training Authority (TVETA), as well as the Adventist Accrediting Authority (AAA).

Students admitted for the Diploma in Clinical Medicine and Surgery normally take 3 years to complete their course before proceeding for 1 year internship placement by the government of Kenya, while those enrolled for the Diploma in Community Nursing take 3½ years of course work.

KASMS also offers opportunities for distant learners who hold Certificate in Enrolled Nursing and meet the relevant requirements for upgrading into Diploma course. The program is designed for those who are already employed and who may not get opportunity for full time study at the School.

With the Mission to train competent multidisciplinary professionals who will provide holistic care to the community, the Kendu Adventist School of Medical Sciences is well known for producing men and women who have not only demonstrated excellence in service but also displayed leadership skills in various capacities in their service areas.

ADMISSION REQUIREMENTS

CLINICAL MEDICINE & SURGERY

- Mean Grade of **C [plain]**
- Minimum of **C [plain]** in either English or Kiswahili
- Minimum of **C [plain]** in Biology
- Minimum of **C- [minus]** in either Mathematics, Chemistry or Physics

Intake for the above course is only once a year and is during the month of **September.**

NURSING

- Mean Grade of **C [plain]**
- Minimum of **C [plain]** in either English or Kiswahili
- Minimum of **C [plain]** in Biology
- Minimum of **C- [minus]** in either Mathematics or Chemistry

Nursing intake takes place during the month of **March** and **October.**

FINANCIAL SUPPORT PLAN

Students are supported through Higher Education Loans Board [HELB], constituency bursaries and student work-plan.

APPLICATIONS

All interested candidates are expected to send their application letters with a copy of the result slip or certificate at any time of the year while waiting for the upcoming month of entry. Application forms can be obtained from the school or by email request to medicalschool@kenduhospital.org